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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 52835 7590 01/06/2011 HAMRE, SCHUMANN, MUELLER & LARSON, P.C. P.O. BOX 2902 MINNEAPOLIS, MN 55402-0902				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
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			F	Chieko Roge		(Depositor's name) (Signature) (Date)
APPLICATION NO.	FILING DATE	<u> </u>	FIRST NAMED INVENTOR	AT	TORNEY DOCKET NO	CONFIRMATION NO.
10/591,023 FITLE OF INVENTION	06/27/2008 : HERBAL EXTRACT	FOR RENAL DISORDE.	Vidya Narayan Acharya RS		11336.1022USWO	4735
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$ 1510	\$300	\$0	\$1810	04/06/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS	1		
MELLER, MICHAEL V		1655	424-725000	•		
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Hamre, Schumann, Mueller & Larson, P.C.			
PLEASE NOTE: Uni recordation as set ford (A) NAME OF ASSIC PIRAMAL LI	ess an assignee is identi h in 37 CFR 3.11. Comp GNEE IFE SCIENCES	ified below, no assignee oletion of this form is NO S LIMITED	data will appear on the p T a substitute for filing an (B) RESIDENCE: (CITY Maharashtr	atent. If an assignee is assignment. and STATE OR COUT a, India	NTRY)	_
1a. The following fee(s) are submitted: Solution See Se			b. Payment of Fec(s): (Please first reapply any previously paid Issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 503478 (enclose an extra copy of this form).			
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Authorized Signature			Date February 22, 2011			
Typed or printed name Doug Las P. Mueller			Registration No. 30,300			
This collection of informan application. Confident submitting the completed from and/or suggestions 1450, Alexandria, Valexandria, Virginia 223	application form to the ons for reducing this bur irginia 22313-1450. DO	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR (on is required to obtain or a 1.14. This collection is est depending upon the indiversity of the complete of t	etain a benefit by the puimated to take 12 minut idual case. Any comme rr, U.S. Patent and Trad OTHIS ADDRESS. SE	blic which is to file (and the stone complete, including the notation of time the stone complete, including the stone complete, the stone complete	by the USPTO to process) gathering, preparing, and e you require to complete tment of Commerce, P.O. r Patents, P.O. Box 1450,